

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

APPLICANT(S)

FILING DATE

330-8

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3			2			
4			2			
5			2			
6			2			
7			2			
8			1			
9			1			
10			1			
11			1			
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50			1			
TOTAL IND.			20			
TOTAL DEP.			18			
TOTAL CLAIMS			24			

★	★		★	
	IND.	DER.	IND.	DER.
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TOTAL IND.			18	
TOTAL DEP.			18	
TOTAL CLAIMS			24	